

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Medical Assistance Administration
Olympia, Washington

To: Outpatient Hospitals
Managed Care Plans

Memorandum No.: 04-95 MAA
Issued: December 30, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Contact:
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Subject: Outpatient Hospitals Updates: Year 2005 CPT and HCPCS

Effective for dates of service on and after January 1, 2005, the Medical Assistance Administration (MAA) will begin using the Year 2005 Current Procedural Terminology (CPT®) and HCPCS Level II code updates as discussed in this memorandum. Maximum allowable fees for the Year 2005 new codes are added to the fee schedule.

Maximum Allowable Fees

MAA used the following resources in determining the maximum allowable fees for the Year 2005:

- Year 2005 Medicare Physician Fee Schedule Data Base (MPFSDB) Relative Value Units (RVUs);
- Year 2005 Washington State Medicare Laboratory Fee Schedule; and
- Current conversion factors.



Note: Due to its licensing agreement with the American Medical Association regarding the use of CPT codes and descriptions, MAA publishes only the official brief descriptions for all codes. Please refer to your current CPT book for full descriptions.

Ultraviolet Phototherapy

MAA does not cover ultraviolet phototherapy (CPT code 96910) when billed with diagnosis code 709.01 (Vitiligo). MAA considers this a cosmetic procedure.

* CPT stands for Current Procedural Terminology
HCPCS stands for Healthcare Common Procedure Coding System

AV Fistulas and Doppler Vein Mapping

MAA inadvertently published and loaded into its system incorrect prices for AV fistulas and Doppler vein mapping. **Retroactive to dates of service on and after July 1, 2004**, MAA has corrected the fees for the following procedure codes:

CPT Code	Description	7/1/04 Maximum Allowable Fee
93970	Technical component	\$147.72 (all settings)
93971	Technical component	106.45 (all settings)

Providers must submit an adjustment form to receive the higher reimbursement amount for any claims for these procedures that have already been paid.

Synagis

Retroactive to dates of service on and after December 1, 2004, MAA changed the maximum allowable fee for Synagis:

CPT Code	Brief Description	12/01/04 Maximum Allowable Fee	Restrictions
90378	Respiratory syncytial virus immune globulin; intramuscular	\$621.18 (per 50 mg)	Prior authorization (PA) is not required for clients 11 months of age and younger from December 1, 2004 through April 30, 2005. PA is required for all other periods and for all other age groups.

Laboratory

Stat Laboratory Changes

The new 2005 laboratory procedure codes may not be billed with an additional STAT charge (HCPCS code S3600).

Added Codes

The following procedure codes have been added to MAA's outpatient hospital fee schedule:

Type of Prior Authorization Required	Procedure Code	Brief Description	January 1, 2005 Maximum Allowable Fee
N/A	36415	Routine venipuncture	\$2.45
N/A	76077	Dxa bone density/v-fracture	18.14
PA	76510	Ophth us, b & quant a	51.23
N/A	76820	Umbilical artery echo	38.99
N/A	76821	Middle cerebral artery echo	38.99
N/A	78811	Tumor imaging (pet), limited	#
N/A	78812	Tumor image (pet)/skul-thigh	#
N/A	78813	Tumor image (pet) full body	#
PA	78814	Tumor image pet/ct, limited	1243.68
PA	78815	Tumorimage pet/ct skul-thigh	1243.68
PA	78816	Tumor image pet/ct full body	1243.68
PA	79005	Nuclear rx, oral admin	62.57
PA	79101	Nuclear rx, iv admin	62.57
PA	79445	Nuclear rx, intra-arterial	63.02
N/A	82045	Albumin, ischemia modified	37.80
N/A	82656	Pancreatic elastase, fecal	12.85
N/A	83009	H pylori (c-13), blood	75.01
N/A	83630	Lactoferrin, fecal (qual)	12.85
N/A	84163	Pappa, serum	16.76
N/A	84166	Protein e-phoresis/urine/csf	19.40
N/A	86064	B cells, total count	42.00
N/A	86335	Immunfix e-phorsis/urine/csf	32.31
N/A	86379	Nk cells, total count	42.00
N/A	86587	Stem cells, total count	42.00
N/A	87807	Rsv assay w/optic	13.36
N/A	88184	Flowcytometry/ tc, 1 marker	30.60
N/A	88185	Flowcytometry/tc, add-on	14.96
N/A	88187	Flowcytometry/read, 2-8	41.49
N/A	88188	Flowcytometry/read, 9-15	51.69
N/A	88189	Flowcytometry/read, 16 & >	68.01
N/A	88360	Tumor immunohistochem/manual	29.24
N/A	88367	Insitu hybridization, auto	82.97
N/A	88368	Insitu hybridization, manual	67.56
N/A	91034	Gastroesophageal reflux test	113.35
N/A	91035	G-esoph reflx tst w/electrod	235.77
N/A	91037	Esoph impeded function test	60.53

Type of Prior Authorization Required	Procedure Code	Brief Description	January 1, 2005 Maximum Allowable Fee
N/A	91038	Esoph imped funct test > 1h	\$43.07
N/A	91040	Esoph balloon distension tst	248.46
N/A	91120	Rectal sensation test	244.61
N/A	92620	Auditory function, 60 min	27.20
N/A	92621	Auditory function, + 15 min	6.80
N/A	92625	Tinnitus assessment	26.75
N/A	93890	Tcd, vasoreactivity study	110.18
N/A	93892	Tcd, emboli detect w/o inj	114.71
N/A	93893	Tcd, emboli detect w/inj	111.76
N/A	95928	C motor evoked, uppr limbs	54.86
N/A	95929	C motor evoked, lwr limbs	59.17
N/A	96910	Photochemotherapy with UV-B	25.16
N/A	97597	Active wound care/20cm or <	27.20
N/A	97598	Active wound care>20 cm	6.80
PA	97605	Neg press wound tx, < 50 cm	BR
PA	97606	Neg press wound tx, > 50 cm	BR
N/A	0064T	Spectroscop eval expired gas	#
N/A	0065T	Ocular photoscreen bilat	#
N/A	0066T	Ct colonography;screen	#
N/A	0067T	Ct colonography;dx	#
N/A	0071T	U/s leiomyomata ablate <200	#
N/A	0072T	U/s leiomyomata ablate >200	#
PA	0081T	Endovasc visc extnsn s&i	BR
PA	0082T	Stereotactic rad delivery	BR
PA	0083T	Stereotactic rad tx mngmt	BR
N/A	G0336	PET imaging brain alzheimers	#
N/A	G0366	EKG for initial prevent exam	#
N/A	G0367	EKG trading for initial prev	#
N/A	S0618	Audiometry for hearing aid	#
N/A	S3890	Fecal DNA analysis	#

Contrast Materials

Reinstated HCPCS codes

Effective January 1, 2005, Medicare reinstated the following HCPCS supply codes for low-osmolar contrast materials:

Procedure Code	Brief Description	January 1, 2005 Maximum Allowable Fee
A4644	Contrast 100-199 MGs iodine	\$0.65
A4645	Contrast 200-299 MGs iodine	0.81
A4646	Contrast 300-399 MGs iodine	0.94

Maximum Allowable Fees

MAA has set or adjusted maximum allowable fees and added prior authorization requirements, when noted, for the following contrast materials for nuclear medicine procedures:

Type of Prior Authorization Required	Procedure Code	Brief Description	January 1, 2005 Maximum Allowable Fee
N/A	A4642	Satumomab pendetide per dose	\$1,440.50
N/A	A4643	High dose contrast MRI	66.65
N/A	A9500	Technetium TC 99m sestamibi	110.17
N/A	A9502	Technetium TC99M tetrofosmin	108.36
N/A	A9503	Technetium TC 99m medronate	30.10
N/A	A9504	Technetium tc 99m apcitide	430.00
N/A	A9505	Thallous chloride TL 201/mci	30.08
PA	A9507	Indium/111 capromab pendetid	1,984.45
N/A	A9508	Iobenguane sulfate I-131	1,032.00
N/A	A9510	Technetium TC99m Disofenin	51.60
N/A	A9511	Technetium TC 99m depreotide	688.00
N/A	A9512	Technetiumtc99mpertechnetate	12.24
N/A	A9513	Technetium tc-99m mebrofenin	46.57
N/A	A9514	Technetiumtc99mpyrophosphate	39.56
N/A	A9515	Technetium tc-99m pentetate	25.46
N/A	A9516	I-123 sodium iodide capsule	116.27
N/A	A9519	Technetiumtc-99mmacroag albu	16.34
N/A	A9520	Technetiumtc-99m sulfur clld	64.50
N/A	A9520	Technetiumtc-99m sulfur clld	64.50
N/A	A9521	Technetiumtc-99m exametazine	268.75
PA	A9522	Indium111libritumomabtiuxetan	2,045.89

Type of Prior Authorization Required	Procedure Code	Brief Description	January 1, 2005 Maximum Allowable Fee
PA	A9523	Yttrium90ibritumomabtixetan	\$18,603.16
PA	A9533	I-131 tositumomab diagnostic	2,322.00
PA	A9534	Strontium-89 chloride	20,124.00
N/A	A9600	Samarium sm153 lexicidronamm	872.15
N/A	A9605	Samarium sm153 lexicidronamm	923.37



Note: Any covered HCPCS codes for contrast materials not included above remain at their July 1, 2004 maximum allowable fee. **Invoice must be attached to claim form for supplies over \$1100.00 when B.R.**

Deleted Codes

The following procedure codes are deleted for dates of service on or after January 1, 2005:

Procedure Code	Brief Description
78810	Tumor imaging (PET)
78990	Provide diag radionuclide(s)
79000	Init hyperthyroid therapy
79001	Repeat hyperthyroid therapy
79020	Thyroid ablation
79030	Thyroid ablation, carcinoma
79035	Thyroid metastatic therapy
79100	Hematopoietic nuclear therapy
79400	Nonhemato nuclear therapy
79420	Intravascular nuclear ther
79900	Provide ther radiopharm(s)
86077	Physician's Blood Service
86078	Physician's Blood Service
86079	Physician's Blood Service
88180	Cell marker study
91032	Esophagus, acid reflux test
91033	Prolonged acid reflux test
92589	Auditory function test(s)
97601	Wound(s) care, selective
G0001	Drawing blood for specimen

Replaced Therapy Codes

The following therapy procedure codes have been replaced as follows:

PA?	Deleted Procedure Code	Replacement Procedure Code	Brief Description	January 1, 2005 Maximum Allowable Fee
N/A	92589	92620	Auditory function, 60 min	\$27.20
N/A	92589	92621	Auditory function, + 15 min	6.80
N/A	97601	97597 or	Active wound care/20 cm or <	29.24
N/A	97601	97598	Active wound care > 20 cm	37.18

Fee Schedules

Maximum allowable fees for the year 2005 additions are included in the January 2005 Outpatient Hospital Fee Schedule.

The updated Outpatient Hospital fee schedule and the updated OPPS fee schedule are available electronically on MAA's website at <http://maa.dshs.wa.gov> (click on the Billing Instructions/Numbered Memoranda link).

Sleep Centers of Excellence

MAA has added the following Sleep Centers to MAA's Sleep Centers of Excellence list:

MAA Approved Sleep Centers	Location
Olympic Medical Sleep Disorder Center	Olympic Medical Center, Port Angeles, WA
Richland Sleep Disorder Lab/Center	Richland Sleep Center, Richland, WA
Valley Medical Center	Valley Medical Center, Renton, WA

The updated Sleep Centers of Excellence list is in MAA's current *Outpatient Hospitals Billing Instructions* and is available electronically on MAA's website at <http://maa.dshs.wa.gov> (click on the Billing Instructions/Numbered Memoranda link).

How can I get MAA's provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Billing Instructions/Numbered Memoranda or Provider Publications/Fee Schedules link).

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